MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			✓				51		✓		✓		
2		✓		✓				52		✓		✓		
3		✓		✓				53		✓				
4		✓		↑				54		✓				
5		✓		✓				55		✓				
6		✓		✓				56		16				
7		✓		✓				57		16				
8		✓		✓				58		16				
9		✓		✓				59		✓				
10		✓		✓				60		✓				
11		✓		✓				61		✓				
12		✓		✓				62	1					
13		✓		✓				63		✓				
14		1		✓				64		✓				
15		✓		✓				65		✓				
16		✓		✓				66		✓				
17		16		✓				67		✓				
18		16		✓				68		✓				
19		16		✓				69		✓				
20		16		✓				70		✓				
21		✓		✓				71		✓				
22		✓		✓				72		✓				
23		✓		✓				73		✓				
24		✓		✓				74		✓				
25		✓		✓				75		✓				
26		✓		✓				76		✓				
27		✓		✓				77		✓				
28		✓		✓				78		✓				
29		✓	✓					79		✓				
30		✓		✓				80		✓				
31		✓		✓				81		✓				
32		✓		✓				82		✓				
33		✓		✓				83		✓				
34		✓		✓				84		✓				
35		✓		✓				85		✓				
36		✓		✓				86		✓				
37		✓		✓				87		✓				
38		✓		✓				88		✓				
39		✓		✓				89		✓				
40		✓		✓				90		✓				
41		✓		✓				91		✓				
42		✓		✓				92		✓				
43		✓		✓				93		✓				
44		✓		✓				94		✓				
45		✓		✓				95		✓				
46		✓		✓				96		✓				
47		✓		✓				97		✓				
48		✓		✓				98	1					
49		✓		✓				99		✓				
50		✓		✓				100		✓				
TOTAL IND.								TOTAL IND.			4		4	
TOTAL DEP.								TOTAL DEP.			240			
TOTAL								TOTAL					244	

240

244